

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Saline  
Township Franklin  
City Oregon (No. \_\_\_\_\_)

Registration District No. 37.3  
Primary Registration District No. 421.7

File No. 37777  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Norman Chapman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1855

7. AGE YEARS 82 MONTHS 6 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Oregon (STATE OR COUNTRY) Missouri

13. NAME Michael Spörle

14. BIRTHPLACE (CITY OR TOWN) Wittenberg (STATE OR COUNTRY) Germany

15. MAIDEN NAME Theresa M. Delhaunt

16. BIRTHPLACE (CITY OR TOWN) Baden Baden (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Emma Moore (ADDRESS) Oregon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon Mo DATE Oct 24 1937

19. UNDERTAKER Foster Pittsishin (ADDRESS) Oregon Mo

20. FILED 10-23 1937 W. H. Chandler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to Oct 22 1937

I last saw him alive on Oct 21 1937. Death is said to have occurred on the date stated above, at 2:30 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 10/21/37

Other contributory causes of importance: Cerebral Hemorrhage 7/1/35

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury no injury

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) E. F. Kearney M. D.  
(Address) Oregon Mo

